

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Scott

Township

Hawso, Mo.

City

(No.

Registration District No.

1151

Primary Registration District No.

6065A

File No.

27922

Registered No.

St.

Ward)

2. FULL NAME

Sarah J. Willis

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jesse Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 9 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

8

3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Genevieve Co. Mo.

13. NAME

D. S. Quitor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

15. MAIDEN NAME

Sis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Don't know

17. INFORMANT (ADDRESS)

Elie Willis
Ill Mo. Mo.

18. BURIAL, CREMATION, OR REMOVAL

Light necem.

PLACE

DATE

19. UNDERTAKER (ADDRESS)

B. S. H. Hoff
Ill Mo. Mo.

20. FILED

7-12

104

B. S. H. Hoff

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 1st 1934 to July 11th 1934I last saw him alive on July 7th 1934. Death is said

to have occurred on the date stated above, at 3.00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Sarcoma of Lung
with Bronchial Effusion

Date of onset

12412
12512
12412

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. A. Phelps, M. D.

Thebes Ill

